

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
COVER PAGE

11 MAR 30 AM 8:41

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CITY OF ONTARIO  
CITY CLERK/RECORDS

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
DORST-PORADA DEBRA R.

1. Office, Agency, or Court

Agency Name

City of Ontario

Division, Board, Department, District, if applicable

Your Position

City Council

Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☒ City of Ontario

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☒ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-29-11  
(month, day, year)

Signature

**SCHEDULE A-1****Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Debra Dorst-Porada

► NAME OF BUSINESS ENTITY  
Padua Glass Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Glazing Contractor

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 10        /        / 10  
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
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IF APPLICABLE, LIST DATE:  
       /        / 10        /        / 10  
ACQUIRED DISPOSED

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Debra Dorst-Porada

► NAME OF SOURCE

Ontario Fire Management Association

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 12 / 27 / 10    | \$ 55.00 | Gift Basket            |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

► NAME OF SOURCE

Oliver McMillan

ADDRESS (Business Address Acceptable)

733 8th Avenue, San Diego, Ca 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Developer

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 5 / 23 / 10     | \$ 75.00 | Dinner                 |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

► NAME OF SOURCE

Related Companies of California

ADDRESS (Business Address Acceptable)

18201 Von Karman Ave., Suite 900, Irvine, CA 92612

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Developer

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 10 / 28 / 10    | \$ 97.50 | Commemorative Clock    |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

► NAME OF SOURCE

ECHL Properties, LLC

ADDRESS (Business Address Acceptable)

116 Village Blvd., Suite 230, Princeton, NJ 08540

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Minor League Hockey League

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 1 / 18 / 10     | \$ 148.00 | All Star Game Gift Bag |
| ___ / ___ / ___ | \$ _____  | _____                  |
| ___ / ___ / ___ | \$ _____  | _____                  |

► NAME OF SOURCE

Panattoni Development Corporation

ADDRESS (Business Address Acceptable)

34 Tesla, Suite 200, Irvine, CA 92618

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Developer

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 5 / 24 / 10     | \$ 75.00 | Dinner                 |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

Comments:

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

DEBRA DORST-PORADA

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE  
Southern California Edison  
ADDRESS (Business Address Acceptable)  
1351 E. Francis Street  
CITY AND STATE  
Ontario, CA  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)  
Electricity utility company  
DATE(S): 08 / 25 / 10 - 08 / 27 / 10 AMT: \$ 420.00  
(If applicable)  
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income  
DESCRIPTION: High Sierra Workshop

▶ NAME OF SOURCE  
ADDRESS (Business Address Acceptable)  
CITY AND STATE  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)  
DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If applicable)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income  
DESCRIPTION:

▶ NAME OF SOURCE  
ADDRESS (Business Address Acceptable)  
CITY AND STATE  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)  
DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If applicable)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income  
DESCRIPTION:

▶ NAME OF SOURCE  
ADDRESS (Business Address Acceptable)  
CITY AND STATE  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)  
DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If applicable)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income  
DESCRIPTION:

Comments: